

Abstracts

A249

RESULTS: Of 290 abstracts screened, 65 met selection criteria and were reviewed in detail. The average direct medical costs associated with chemotherapy-induced AEs ranged from \$8,400–\$13,500 for neutropenia hospitalization, \$5,300–\$7,500 per thrombocytopenia episode, and \$14,500–\$114,000 annually for anemia. Key cost drivers for each AE were: neutropenia—hospital length of stay, antibiotics, growth factors, and diagnostic tests; thrombocytopenia—platelet transfusions and major bleeding episodes; anemia—EPO-type drugs and transfusions. Neutropenia and anemia events in patients with hematologic malignancies resulted in direct medical costs more than double compared to solid tumors. Indirect costs were >50% of the direct costs. **CONCLUSIONS:** Hematologic AEs from cancer treatments result in substantial economic burden for payers, patients, and society. This burden appears particularly heavy for the hematologic malignancies where chemotherapy-induced hematologic AEs represent >20% of the overall cost of treatment. Targeted therapies for hematologic malignancy offer superior outcomes to chemotherapy with reduced AEs. However, the hematologic toxicities of these targeted agents vary and may affect the total cost of treatment of the underlying disease. Therefore, in addition to treatment outcomes, AEs and the cost of treating AEs should be taken into consideration when determining the optimal treatment for patients.

PHM5

ECONOMIC ANALYSIS OF SURGICAL INTERVENTIONS IN ROMANIAN HAEMOPHILIACS

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In Romanian haemophiliacs, because of limited access to clotting factor concentrates, surgical interventions are made especially in case of severe, life-threatening complications. **OBJECTIVE:** To realize an economic analysis of orthopedic and surgical interventions. **METHODS:** In a seven-year period, 37 haemophiliacs (from 224 haemophilia patients registered and treated in Haemophilia Centre Timisoara) underwent 54 surgical and orthopedic interventions. We evaluated: direct medical costs (therapy and hospitalization costs) of these interventions, direct non-medical costs (home-hospital travel costs), indirect costs (morbidity costs; loss of income of family members who forfeit paid employment for haemophiliac home care; average number of days off at school or work), treatment compliance. Data were obtained from patients' medical charts and from questionnaires administered to patients. **RESULTS:** Therapy costs represented 91.14% of direct medical costs (85.8% in haemophilia A without high-titer inhibitors, 95.34% in haemophilia A with high-titer inhibitors and 92.52% in haemophilia B patients). Direct non-medical costs represented high percents of mean patient and family income. Mean monthly morbidity cost was €97.5 and loss of income of family members who forfeit employment in order to offer home care for haemophilia patients was €115.04/month. Average number of days off at school/work was 72.59/year. **CONCLUSIONS:** Insufficient resources lead to severe complications in haemophiliacs, which can be life-threatening, requiring costly surgical interventions. In the absence of home therapy programs and of Comprehensive Haemophilia Care Centers, patients have to travel long home-hospital distances to a hospital where they can receive

treatment, delaying substitution administration, which is also responsible for complications appearance. Poor social integration of patients has a negative impact on personal income, affecting treatment compliance. It is therefore necessary a better resource allocation for haemophilia treatment, in order to increase direct medical costs and also to offer a better social protection of the patients.

PHM6

SOCIETAL COSTS OF ALLOGENEIC BLOOD TRANSFUSION IN THE NETHERLANDS

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OBJECTIVES: For estimating the cost-effectiveness of interventions to avert blood-transfusions it is important to estimate the costs of one unit of allogeneic blood. An example of such an intervention is administration of erythropoietin. Objective of this study was estimating the costs per unit of erythrocytes in The Netherlands from a societal perspective. **METHODS:** For the estimation of the costs we followed the path from donor to patient. In this path 6 steps were elaborated: donation, production, transport, storage and preparation, administration and the consequences of administration. In these different steps the cost-consequences were estimated. **RESULTS:** Although not all cost-factors could yet be identified, the cost-estimate is €240, for a unit of erythrocytes. The indirect costs are responsible for approximately 3% of the unit costs. The production and transport part by the Dutch blood banks is responsible for the majority of the costs. **CONCLUSIONS:** Internationally cost-estimates vary widely. Cost-estimates for the United States, UK, Sweden and Canada vary from approximately €130 to €930. For The Netherlands we estimated the unit costs for a unit of erythrocytes at €240 from a societal perspective.

PHM7

DIRECT COST OF BETA THALASSEMIA MAJOR: RESULTS FROM THE ITHACA STUDY

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OBJECTIVE: Patients with β -Thalassemia Major (TM) require life-long blood transfusions and, to avoid iron overload, Iron Chelation Treatment (ICT), based on 8–12 hour infusions of Deferoxamine (DFO) for 5–7 days/week, and/or Deferiprone (L1) orally administered. ICT regimen often causes low satisfaction and low compliance, with potentially negative consequences on patients' health, wellbeing and costs. Aims: to investigate direct costs of treatment in TM patients. Costs were estimated from the societal perspective, using tariffs or prices applied in 2006. **METHODS:** The Italian-THalassemia-Cost-&-Outcomes-Assessment (ITHACA) was a naturalistic multicentre study conducted to evaluate costs, quality of life, compliance and treatment satisfaction in TM patients undergoing ICT. Patients of any age, on ICT for at least 3 years, were sequentially enrolled at 8 Italian Thalassemia Care Centers. Data on direct costs are referred to a retrospective median observational period of 11.7